

**Appendix 1 Registration Form for the Civil Childhood Sexual Abuse Registry  
(CCSAR)**

(ORC 3797.02 ) Registrant Information (Type or Print Clearly)

Name

(Last) (First) (Middle)

Date of Birth: Age

Race Gender

Height Weight Hair Eyes

Alias

Age of Victim of Childhood Sexual Assault Gender of Victim

Current Residence Address

(Street) (City)

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(State) (Zip) (Phone)

Employer

Employer's Address

(Street) (City) (State) (Zip)

County where Declaratory Judgment Entered

Court Case Number

Date the Declaratory Judgment was Entered

The sheriff shall take a current photograph of the registrant and attach to this form.

The registrant acknowledges that all of the information that he/she has provided in this form is correct.

Signature of Registrant Dated

Signature of Sheriff

Date Sheriff receives registration form

The duty to register commences on the date the declaratory judgment against the registrant was entered and continues unless and until the registrant is removed pursuant to R.C. 2721.21 from the civil registry established under R.C. 3797.08. The registration required pursuant to R.C. 3797.02 is complete when the registrant returns the completed registration form to the sheriff.

Failure to register, failure to verify residence at the specified times, or failure to provide notice of a change in residence or employer in Ohio, will result in criminal prosecution.

**THE SHERIFF SHALL TRANSMIT THIS FORM BY ELECTRONIC MEANS AS PROVIDED BY THE SUPERINTENDENT OF BCI&I OR BY MAIL OR FACSIMILE TRANSMISSION TO BCI&I, ATTN: ADMINISTRATOR FOR CIVIL CHILDHOOD SEXUAL ABUSE REGISTRY (CCSAR), P.O. BOX 365, LONDON, OHIO 43140.**

White copy – Send to BCI Yellow copy – Registrant Pink Copy – Sheriff